

PROJECT GRADUATION REGIONAL TRAINING

One-Day Registration 8:30 a.m.- 2:30 p.m.

Newport News Omni Hotel Wednesday, November 10 Fredericksburg Holiday Inn Select Tuesday, November 16

Hotel Roanoke
Tuesday, November 30

Sheraton Richmond West Hotel
Wednesday, December 1

| School/ Division: Name and Title of Person Making Registration: | | | |
|---|----------------------|-------------------------|----------------------|
| Registering for: □Newport News □Fredericksburg □Roanoke □Richmond | | | |
| Registrant #1 | | Registrant #2 | |
| First Name: | Last Name: | First Name: | Last Name: |
| Select One: □ Principal | ☐ Guidance Counselor | Select One: □ Principal | ☐ Guidance Counselor |
| ☐ English Teacher | | ☐ English Teacher | |
| E-mail: | | E-mail: | |
| School Address: | | School Address: | |
| City: State: Zip: | | City: State: Zip: | |
| Daytime Phone: | | Daytime Phone: | |
| Registrant #3 | | | |
| First Name: | Last Name: | | |
| Select One: ☐ Principal | ☐ Guidance Counselor | | |
| ☐ English Teacher | | | |
| E-mail: | | | |
| School Address: | | | |
| City: State: Zip: | | | |
| Daytime Phone: | | | |

Please return this form, by fax, no later than November 5, 2004 to: (540) 231-3306